

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010124-8

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY

Encl # 4
SAPC 25832
COPY 1 OF 2

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				37,854.	53

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 37,854.53

I certify that the above bill is correct and just and that payment has not been received.

STATINTL

(Sign original only)

(Payee must NOT use this space)

Differences _____

Date 3/21/58

*Payee

(Not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for

(Signature or initials)

37,854.53

Per _____

Title _____

Contract No. A-101

Date _____

Req. No. _____

Date _____

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____

(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____. Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, Inc., Treasurer," or "John Doe Company, Inc., by John Doe, Secretary."
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Title _____

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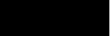
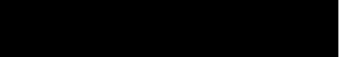
Public Voucher for Purchase and
Services Other Than Personal
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MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Sheet No. 1 of Bureau Voucher No. 2057

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract <u>A-101</u> Costs applicable to All Systems					
		Direct Costs Properly Chargeable to Contract <u>A-101</u> for the period 3/10 thru 3/16/58					
		STATINTL					
		Research & Development					
					Production		
							Total
		Labor for Week Ending 3/16/58 JV 028060					
		STATINTL STATINTL					
		Overhead for Communications Division computed at interim rates as follows: Research & Development -  Production - 					
		Other Costs - Per schedule attached					
		JV 028019					8,508.34
		028060					5,256.99
		028608					4,186.98
		028609					88.59
							121.30
		Total Labor, Overhead and Other Costs					
		G & A expense computed at interim rate of 					
		Total Costs					\$37,854.53
		STATINTL					

3/16/58

FORM STL - 660

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[illegible]

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE _____

3/16/58

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[illegible]

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FORM STL - 660

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[illegible]

3/16/58

Cont

FORM NO. 1228 THE STANDARD REGISTER CO. - PACIFIC DIVISION OAKLAND LOS ANGELES
STANLICK PATENT PENDING

FORM STL - 660

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[illegible]

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[illegible]

Sheet 49

THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

FORM STL - 680

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BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT
No.	Mo.	Day	Yr.			Mo.	Day				Maj.	Int.	Sub.	Account	M.J.O.	S.D.	
10	03	11	88	443222		4	10	73			25	40	00	12501	5093	90	37620
10	03	11	88	DM-1501		3	28	90			25	40	00	12501	5093	90	3585-
10	03	11	88	442178		3	12	116			25	40	00	12501	5093	90	2940
10	03	11	88	439776		3	28	280			25	40	00	12501	5093	90	16000
11	03	12	88	42309		3	13	250			25	40	00	12501	5093	90	71280
11	03	12	88	43770		3	14	193			25	40	00	12501	5093	90	34820
11	03	12	88	2178		3	14	193			25	40	00	12501	5093	90	107674
11	03	12	88	57090		3	28	304			25	40	00	12501	5093	90	40000
11	03	12	88	29879		4	10	403			25	40	00	12501	5093	90	7464
11	03	12	88	5789		3	14	1177			25	40	00	12501	5093	90	3414
13	03	13	88	12149		3	14	267			25	40	00	12501	5093	90	3450
13	03	13	88	20726		3	14	419			25	40	00	12501	5093	90	3890
17	03	14	88	31-8396		3	28	1147			25	40	00	12501	5093	90	6553
17	03	14	88	13772		4	10	181			25	40	00	12501	5093	90	52300
17	03	14	88	4891		4	04	190			25	40	00	12501	5093	90	31900
16	03	14	88	7293		3	17	54			25	40	00	12501	5093	90	15000
16	03	14	88	8174		4	07	613			25	40	00	12501	5093	90	9900
16	03	14	88	1638		4	07	613			25	40	00	12501	5093	90	474810
																	474810
																	729587
																	12501
																	107195
																	14052
																	850834

Sheet 3

" 4

total